

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038891

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

707

FILED OCT 17 1963

1. PLACE OF DEATH

a. COUNTY Boome

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Columbia

Length of stay in 1b
1 Day

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR Ellis Fischel State
INSTITUTION Cancer Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Howard

c. CITY
OR
TOWN New Franklin

Inside Limits
Yes ☐ No ☒

d. STREET
ADDRESS Route 1

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First Middle Last
Walter Thomas Desmond

4. DATE OF DEATH
Month Day Year
Oct, 13 1963

5. SEX
M

6. COLOR OR RACE
W

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
1-18-1900

9. AGE (last birthday)
63

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Salesman

10b. KIND OF BUSINESS OR INDUSTRY
Package Liquor Store

11. BIRTHPLACE (City and state or country)
Bluffton, Missouri

12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

John K. Desmond

13b. MOTHER'S MAIDEN NAME

Amelia Zumsteg

14. NAME OF HUSBAND OR WIFE

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
unknown

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Hospital Records Columbia, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metastatic Carcinoma Esophagus

INTERVAL BETWEEN ONSET AND DEATH

2 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-12-63 to 10-13-63 and last saw him alive on 10-13-63
Death occurred at 5:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Ronald M. Lerner, M.D.

22b. ADDRESS
Ellis Fischel Cancer Hosp.

22c. DATE SIGNED
10-13-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
10-14-63

23c. NAME OF CEMETERY OR CREMATORY
Memorial Sunset Gardens

23d. LOCATION (City, town, or county) (State)
Marshall Mo

24. FUNERAL DIRECTOR
Campbell-Lewis Marshall, Missouri

25. DATE RECD. BY LOCAL REG.
Oct 14, 1963

26. REGISTRAR'S SIGNATURE
Mrs R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0109
2 0450
3
4 0
5 3
6
7 0
8 2
9 150X
10
11
12 3-0
13 30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lynanth Sprinkle
Licensed Embalmer No. 4013

P. O. Address

Columbia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

10210
10210

0.8

0.4

0.2